Ministry Medical Group
Rhinelander, WI

MHN: 956883
Patient: Thomas A Smith
Gender: Male Birthdate [redacted]952
Clinic Office Note
Service: 02/08/2017
Steven R Brooks MD

Printed: 01/10/18
At: 11:00

*** COPY ***

Thomas Smith, 65-year-old male
Location: Mhc-Mmg-Rhinelander

Vitals

PULSE: 84 bpm
BLOOD PRESSURE: 132/60 mmHg [sitting] [upper arm] [standard cuff] [right]
HEIGHT: 155.57 cm (61.25 in) [reported]
WEIGHT: 72.67 kg (160.2 lbs)
BODY MASS INDEX: 30.0 kg/m^2
FALLS: None
TOBACCO USE: Never, No secondhand smoke exposure

- Reason for Visit: Diabetes

Any healthcare visits or medication changes since the last visit. no
Have you had any self-referrals to a specialist? No
Learning barriers? LANGUAGE
Do you feel your home is safe? yes
Advanced Directive: It was verified that no Advance Directives are present in the electronic medical record.

Alcohol use: Never

Are you currently experiencing any pain? no

Allergies and Alerts

Drug Allergies/Adverse Reactions:
- Hydrochlorothiazide: possible pancreatitis
- Liraglutide Subcutaneous (Victoza 2-Pak®): Nausea

No Known Non-Drug Allergies/Adverse Reactions (NKNDA)

Medications

Exhibit 10

Verified As Active In Medications Manager:
Acetaminophen (Tylenol®), by mouth as needed 2am 3 hs
AmLODIPine 10 mg Tablet, 1 Tablet(s) by mouth once daily
Aspirin, by mouth 81 mg 1 daily
Beclomethasone Dipropionate (Qvar®) Inhalation 80 mcg/Actuation Aerosol, 2 Puff(s) twice daily
Blood Sugar Diagnostic (Accu-Chek Aviva Plus Test Strip®) Miscell. (Med.Supl.;Non-Drugs) Strip, 1

Strip(s) six times daily
Blood Sugar Diagnostic, Drum (Accu-Chek Compact Plus Test®) Miscell. (Med.Supl.;Non-Drugs) Strip, 1 Strip(s) four to six times daily
Blood-Glucose Meter (Accu-Chek Aviva Plus Meter®) Miscell. (Med.Supl.;Non-Drugs) Misc, As directed SIX TIMES DAILY
Chlorhexidine Gluconate Mucous Membrane 0.12 % Mouthwash, 15 Milliliter(s) by mouth up to twice daily Swish in mouth for 30 seconds and spit out
Finasteride 5 mg Tablet, 1 Tablet(s) by mouth once daily
Insulin Aspart (NovoLOG Flexpen®) Subcutaneous 100 unit/mL Insulin Pen, subcutaneously 4units breakfast, 0-2 units lunch, 11 units dinner, +SS max daily dose = 30units
Insulin Needles (BD Insulin Pen Needle UF Mini®) Miscell. (Med.Supl.;Non-Drugs) 31 gauge x 3/16" Needle, 1 Needle(s) five times daily
Insulin NPH Human Recombinant (Humulin N KwikPen®) Subcutaneous 100 unit/mL (3 mL) Insulin Pen, subcutaneously 18 units am, 20 units pm
Insulin Syringe-Needle U-100 Miscell. (Med.Supl.;Non-Drugs) Syringe, 1 Syringe(s) subcutaneously four to six times daily
Irbesartan 150 mg Tablet, 1 Tablet(s) by mouth once daily
Lancets (Soft Touch Lancets®) Miscell. (Med.Supl.;Non-Drugs) Misc, 1 Lancet(s) six times daily
Omega-3 Fatty Acids (OTC) (Natural Fish Oil®), by mouth 1000 mcg daily
Omeprazole 20 mg Capsule, Delayed Release(E.C.), 1 Capsule(s) by mouth once daily
Simvastatin 20 mg Tablet, 1/2 Tablet(s) by mouth once daily
Spironolactone 25 mg Tablet, 1 Tablet(s) by mouth once daily
Tamsulosin 0.4 mg Capsule, Sust. Release 24HR, 1 Capsule(s) by mouth once daily

Source: Parent/Patient

Reason for Visit
Here for followup on type 2 diabetes, dysarthria, bulbar weakness, and some upper extremity weakness.

History of Present Illness
The patient is a 65-year-old male here for followup. Blood sugars are doing better than last visit, but still having a few lower sugars the first thing in the morning. He is eating 3 meals a day. He denies problems swallowing. Speech is unchanged. He continues to meet with speech therapy. They are working some nonverbal cues and ways of communicating. He is still walking, ambulating well, doing some basic activity for himself. Upper extremity strength has not worsened any since last visit. Still has some drooling.

Past Medical History
1. Hypertension.
2. Asthma.
3. Gastroesophageal reflux disease.
4. Degenerative joint disease.
5. Diabetes mellitus, type 2, diagnosed in 1980s.
6. Microalbuminuria.
7. Allergic rhinitis.

8. Status post appendectomy.
9. Status post trigger finger.
10. Status post bilateral carpal tunnel surgery.
11. Status post sinus surgery in the 1990s.
12. BPH
13. Elevated PSA
14. Bulbar weakness with severe dysarthria and some upper extremity weakness diagnosed in 2016.

Social History
Negative for tobacco use, negative for alcohol use. Retired from Foster and Smith.

Review of Systems
Review of systems listed in HPI, otherwise within normal limits.

Examination
Vital signs reviewed and are as noted above
OBJECTIVE: General: alert, in no apparent distress. HEENT: eyes clear. Oropharynx clear. Neck supple without lymphadenopathy. Cardiovascular exam: regular rate and rhythm, S1/S2. No murmurs, rubs, or gallops. Lungs clear to auscultation bilaterally. Abdomen soft. Bowel sounds positive. Extremities: no edema. Neurologically, still has severe dysarthria, unable to utter intelligible words or phrases. Strength is 5-/5 grip, biceps, triceps. Sensation is fairly normal to light touch. Deep tendon reflexes +1 and symmetric at the biceps and patella. Gait is steady.

Data
- 2/08/17 10:01 HbA1c -
  HbA1c 6.8 % (4.2-6.1)
  eAG 148 mg/dL
  DX1: E11.22
  HbA1c:Method: HPLC (SMH) Traceable to DCCT and NGSP Certified ADDITIONAL INFORMATION: ADA (American Diabetes Association) Glycemic Target: <7.0% ADA Diagnostic Criteria for Diabetes: >=6.5% (in absence of unequivocal hyperglycemia, this criterion should be confirmed by repeat testing) ADA Diagnostic Criteria for Increased Risk for Diabetes: 5.7% - 6.4%
  eAG:Estimated Average Glucose (eAG) calculated with equation derived from ADAG study: eAG mg/dL = (28.7 x HbA1c) - 46.7

The information documented under the Vitals, Allergies and Medications headings was collected by the Patient Care Staff.

Documentation listed above for Vitals, Allergies and Medications as documented by Patient Care Staff has been reviewed.

Assessment
1. Type 2 diabetes mellitus with stage 3 chronic kidney disease, with long-term current use of

insulin
2. Bulbar weakness
3. Upper extremity weakness

Medications Plan

Take:
Acetaminophen (Tylenol®)
Sig: by mouth as needed 2am 3 hs
AmLODIPine 10 mg Tablet
Sig: 1 Tablet(s) (10 mg) by mouth once daily
Aspirin
Sig: by mouth 81 mg 1 daily
Beclomethasone Dipropionate (Qvar®) Inhalation 80 mcg/Actuation Aerosol
Sig: 2 Puff(s) twice daily
Blood Sugar Diagnostic (Accu-Chek Aviva Plus Test Strip®) Miscell. (Med.Supl.;Non-Drugs) Strip
Sig: 1 Strip(s) six times daily
Blood Sugar Diagnostic, Drum (Accu-Chek Compact Plus Test®) Miscell. (Med.Supl.;Non-Drugs) Strip
Sig: 1 Strip(s) four to six times daily
Blood-Glucose Meter (Accu-Chek Aviva Plus Meter®) Miscell. (Med.Supl.;Non-Drugs) Misc
Sig: As directed SIX TIMES DAILY
Chlorhexidine Gluconate Mucous Membrane 0.12 % Mouthwash
Sig: 15 Milliliter(s) by mouth up to twice daily Swish in mouth for 30 seconds and spit out
Finasteride 5 mg Tablet
Sig: 1 Tablet(s) (5 mg) by mouth once daily
Insulin Aspart (NovoLOG Flexpen®) Subcutaneous 100 unit/mL Insulin Pen
Sig: subcutaneously 4units breakfast, 0-2 units lunch, 11 units dinner, +SS max daily dose = 30units
Insulin Needles (BD Insulin Pen Needle UF Mini®) Miscell. (Med.Supl.;Non-Drugs) 31 gauge x 3/16" Needle
Sig: 1 Needle(s) five times daily
Insulin Syringe-Needle U-100 Miscell. (Med.Supl.;Non-Drugs) Syringe
Sig: 1 Syringe(s) subcutaneously four to six times daily
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Sig: 1 Tablet(s) (150 mg) by mouth once daily
Lancets (Soft Touch Lancets®) Miscell. (Med.Supl.;Non-Drugs) Misc
Sig: 1 Lancet(s) six times daily
Omega-3 Fatty Acids (OTC) (Natural Fish Oil®)
Sig: by mouth 1000 mcg daily
Omeprazole 20 mg Capsule, Delayed Release(E.C.)
Sig: 1 Capsule(s) (20 mg) by mouth once daily
Simvastatin 20 mg Tablet
Sig: 1/2 Tablet(s) (10 mg) by mouth once daily
Spironolactone 25 mg Tablet
Sig: 1 Tablet(s) (25 mg) by mouth once daily
Tamsulosin 0.4 mg Capsule, Sust. Release 24HR

*** COPY ***

Sig: 1 Capsule(s) (0.4 mg) by mouth once daily

Take (Modified):
Insulin NPH Human Recombinant (Humulin N KwikPen®) Subcutaneous 100 unit/mL (3 mL) Insulin Pen
Sig: subcutaneously 18 units am,18 units pm

Medication risks, benefits, alternatives, and potential side effects were reviewed with the patient who expressed an understanding of the treatment plan.

Plan

Decrease nighttime NPH to 18 units and that should reduce his hypoglycemia. I am going to get an MRI with conscious sedation done on 2/24 and hopefully neurology evaluation will be forthcoming soon afterwards. I will see him in 6 weeks, sooner if there are problems. He has good support with his son living with him for the present time.

Education

Information given to: Patient

Educational materials given: Logicare

Logicare education on Diabetes Mellitus provided to patient

Steven R. Brooks, MD/pat
Internal Medicine

Dictated: 02/08/2017 at 11:14
Transcribed: 02/10/2017 at 10:27

Electronically signed by Brooks, Steven R MD on 02/10/2017 11:48.

MINISTRY
Saint Mary's Hospital, *YMCA Clinic*
Occupational Therapy, Physical Therapy, Speech Pathology, Sports Medicine
2003 Winnebago Street East, Rhinelander, Wisconsin 54501, ph 715.361.2300, fax 715.361.2301

Speech Language Pathology

Plan of Care (Re-Evaluation)

Patient Name: SMITH, THOMAS A
Date: 2/6/2017 11:06 AM
Medical Record: 00956883
DOB: [redacted]1952
Account #: MM00016960379-S
SOC Date: 11/10/2016
Provider: Saint Mary's YMCA Clinic
Provider #: 391390638
Treating Clinician: Annette K Vanburen, MS, CCC-SLP
Referring Physician: STEVEN BROOKS, MD NPI 1235178898
Primary Care Physician: STEVEN BROOKS MD NPI 1235178898

Medicare #: 395549026A **Entered Date:** 1/1/2016 **Visits From SOC:** 12
Certification From: 2/13/2017 **Certification To:** 3/5/2017

	Onset Date	Code	Description
Primary Diagnosis:	1/1/2016	R47.9	Unspecified speech disturbances

Subjective Comments: Patient attends today. He reports that he is going to Wausau to have an MRI as they can put him to sleep for it. Feb 24 in Wausau. Son will take him

Current Levels Goals

Goals

Functional Goals; Long Term: Pt. will participate in tongue retraction exercises with or without vibration 15x a session to improve production of k and g in words 90%. - Partially Met
Pt. will participate in lingual retraction exercises 10x a session to increase posterior lingual strength for speech clarity. - Partially Met
Patient will improve breath support for speech production via diaphragmatic breathing . - Not Met

Patient Goal(s) and/or Goal Comments: goal one with k and g 15%, goal two tongue ex 60%, diaphragmatic breathing is 0% unchanged with breathing. He has very little carry over with goals, I can ask patient how he is while he sits in the waiting room and he doesn't move his lips or tongue to tell me pretty good. I cue him each time. He reports no dysphagia. He says he practices but there is no feedback. No one to hear or work with him at home. progress is not happening. Call to MD regarding, patient is scheduled for MRI. I believe he will nonverbal communication at this point. Unsure of diagnosis or etiology. MD aware. Call to social services for help as well.

Patient / Caregiver concurs with established treatment plan and goals: Yes

Oral Motor / Speech Comments: Patient was assessed via the dysarthria profile. I found him to have poor respiratory effort, very shallow, pitch is higher than expected, monotone, inability to speak loudly or sustain phonation. He can move the facial muscles in isolation but cannot do this with speech production. There is no facial droop however he cannot maintain lip closure, mouth remains open, tongue appears to have bunching. Very poor diadochokinesis. I asked about eating and swallowing but he reports he can eat whatever. No restrictions, no choking, no swallowing issues. Overall intelligibility is extremely low.

Impressions / Recommendations

Diagnostic Impressions:

patient reports dental extractions in March 2016 with speech issues that followed. My concern is for something more serious such as progressive neurological process or infection that is impairing all of his speech sounds and breath support.

Diagnostic Recommendations:

After many calls to physician and discussion with patient, MD agrees that this could be a cerebral vascular accident. Patient is scheduled for MRI. Patient will need to continue to work on range of motion rate and strength of articulators. He has very poor oral hygiene and is losing teeth. He lost a front tooth last visit it was noted. Tom does do well with cues. He needs reminders to use his lips, round them, open his mouth to speak, push his tongue up hard to the roof of his mouth for ch I more forward for t/d, p all back for k/g and r. I am seeing that he needs substitute g/k to make a sound for k such as in kick or neck. He is intelligible about 10% spontaneously, in known context. in unknown closer to 0%. Tongue does not move, he keeps lips parted but doesn't move them, being in face to face context does not assist the listener. Phone would be impossible. Patient lives essentially alone, son works I am recommending continued skilled speech therapy to address communication skills, at least 1x/week, more than that would be ideal.

Functional Limitation Reporting

Plan of Care (Re-Evaluation)

Patient Name: SMITH, THOMAS A
Medical Record: 00956883
Account #: MM00016960379-S
Provider: Saint Mary's YMCA Clinic
Provider #: 391390638
Treating Clinician: Annette K Vanburen, MS, CCC-SLP
Referring Physician: STEVEN BROOKS, MD NPI 1235178898
Primary Care Physician: STEVEN BROOKS MD NPI 1235178898

Date: 2/6/2017 11:06 AM
DOB: [redacted]/1952
SOC Date: 11/10/2016

Motor Speech

G8999 - Motor speech functional limitation, current status at therapy episode outset and at reporting intervals

Current Status: CM - At least 80 percent but less than 100 percent impaired, limited or restricted

G9186 - Motor speech functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge from or to end reporting

Goal Status: CJ - At least 20 percent but less than 40 percent impaired, limited or restricted

Interventions/Plan

Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) 92522

TX OF SPEECH LVL3 92507

Frequency of SLP: One time weekly

Duration of SLP: 4 weeks

Intervention Comments: May benefit from more than 1x/week. Drooling more today Called Social services today and I am calling the doctor.

STEVEN BROOKS, MD NPI 1235178898 — Date/Time 2/15/17

I certify the need for these services furnished under this plan of treatment while under my care.

Annette K Vanburen, MS, CCC-SLP — Date 2/13/2017 11:10:31 AM

State License #: LIC: 1486-154 / NPI: 1639262272

MINISTRY
Saint Mary's Hospital, *YMCA Clinic*
Occupational Therapy, Physical Therapy, Speech Pathology, Sports Medicine
2003 Winnebago Street East, Rhinelander, Wisconsin 54501, ph 715.361.2300, fax 715.361.2301

Speech Language Pathology

Treatment Note

Patient Name: SMITH, THOMAS A
Date: 2/6/2017 09:45 AM
Medical Record: 00956883
DOB [redacted]1952
Account #: MM00016960379-S
SOC Date: 11/10/2016
Provider: Saint Mary's YMCA Clinic
Provider #: 391390638
Treating Clinician: Annette K Vanburen, MS, CCC-SLP
Referring Physician: STEVEN BROOKS, MD NPI 1235178898
Primary Care Physician: STEVEN BROOKS MD NPI 1235178898

	Onset Date	Code	Description
Primary Diagnosis:	1/1/2016	R47.9	Unspecified speech disturbances

Subjective Comments: Patient attends today. He reports that he is going to Wausau to have an MRI as they can put him to sleep for it. Feb 24 in Wausau.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? **No**

Are you being threatened or hurt by anyone? **No**

SLP Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
TX OF SPEECH LVL3	92507	59	45	1

Total Minutes: 45 **Total Timed Minutes: 0** **Total Untimed Minutes: 45**

Total Units: 1 **Total Timed Units: 0** **Total Untimed Units: 1**

Speech / Voice / Fluency Activities Comments: Patient reports no change in his drooling or speech.I started him with some more non verbal communication. We went over a list of nouns and verbs that he may need such as restaurants and places in town. I will be putting these together for him.

Specific Observations:

Alertness - Increased since last treatment
Dependence on cues - Increased since last treatment

Annette K Vanburen MS CCC-SLP — 2/6/2017 12:01:30 PM

Annette K Vanburen, MS, CCC-SLP — Date/Time

State License #: LIC: 1486-154 / NPI: 1639262272

PLA 008

Ministry Medical Group
Rhinelander, WI

MHN: 956883
Patient: Thomas A Smith
Gender: Male Birthdate [redacted]/1952
Clinic Office Note
Service: 01/25/2017
Steven R Brooks MD

Printed: 01/10/18
At: 11:01

*** COPY ***

Thomas Smith, 64-year-old male
Location: Mhc-Mmg-Rhinelander

Vitals

PULSE: 64 bpm [regular] [sitting] [radial]
BLOOD PRESSURE: 142/82 mmHg [sitting] [upper arm] [large arm cuff]
HEIGHT: 155.57 cm (61.25 in) [reported]
WEIGHT: 73.39 kg (161.8 lbs) [standard scale] [with clothes] [in office]
BODY MASS INDEX: 30.3 kg/m^2
TOBACCO USE: Never, No secondhand smoke exposure

- Reason for Visit: Follow up

Any healthcare visits or medication changes since the last visit. no
Have you had any self-referrals to a specialist? No
Learning barriers? none
Do you feel your home is safe? yes
Advanced Directive: It was verified that no Advance Directives are present in the electronic medical record.

Alcohol use: Never

Are you currently experiencing any pain? no

Allergies and Alerts

Drug Allergies/Adverse Reactions:
- Hydrochlorothiazide: possible pancreatitis
- Liraglutide Subcutaneous (Victoza 2-Pak®): Nausea

No Known Non-Drug Allergies/Adverse Reactions (NKNDA)

Medications

Verified As Active In Medications Manager:
Acetaminophen (Tylenol®), by mouth as needed 2am 3 hs
AmLODIPine 10 mg Tablet, 1 Tablet(s) by mouth once daily
Aspirin, by mouth 81 mg 1 daily
Beclomethasone Dipropionate (Qvar®) Inhalation 80 mcg/Actuation Aerosol, 2 Puff(s) twice daily
Blood Sugar Diagnostic (Accu-Chek Aviva Plus Test Strip®) Miscell. (Med.Supl.;Non-Drugs) Strip, 1 Strip(s) six times daily

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Blood Sugar Diagnostic, Drum (Accu-Chek Compact Plus Test®) Miscell. (Med.Supl.;Non-Drugs) Strip, 1 Strip(s) four to six times daily
Blood-Glucose Meter (Accu-Chek Aviva Plus Meter®) Miscell. (Med.Supl.;Non-Drugs) Misc, As directed SIX TIMES DAILY
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Spironolactone 25 mg Tablet, 1 Tablet(s) by mouth once daily
Tamsulosin 0.4 mg Capsule, Sust. Release 24HR, 1 Capsule(s) by mouth once daily

Discontinued:
Loratadine 10 mg Tablet

Source: Parent/Patient

Reason for Visit
Dysarthria, weakness and type 2 diabetes.

History of Present Illness
Patient is a 64-year-old male here for followup. Still having severe dysarthria that has been going on for the last several months now. Not making any progress with speech therapy; in fact, is drooling more. He denies any problems with swallowing or eating but his weight is going down. Denies vision problems. He denies any focal weakness or numbness but son is here and states he has noticed that he is visibly weaker, difficulty starting the snow blower and doing certain tasks. He has had some low blood sugars at night recently, at least 1 or 2 per night in the 40s and 50s. The rest of his blood sugars are generally between 80 and 200. There have been no other new symptoms. He is still walking fine. No falls. There have not been any severe balance problems.

Past Medical History
1. Hypertension.
2. Asthma.
3. Gastroesophageal reflux disease.

4. Degenerative joint disease.
5. Diabetes mellitus, type 2, diagnosed in 1980s.
6. Microalbuminuria.
7. Allergic rhinitis.
8. Status post appendectomy.
9. Status post trigger finger.
10. Status post bilateral carpal tunnel surgery.
11. Status post sinus surgery in the 1990s.
12. BPH
13. Elevated PSA

Social History
Negative for tobacco use, negative for alcohol use. Retired from Foster and Smith.

Review of Systems
As in HPI and otherwise within normal limits.

Examination
Vital signs reviewed and are as noted above
OBJECTIVE: General: alert and oriented x 3 in no apparent distress. HEENT: eyes clear. Oropharynx clear. Tongue is midline. It does move but he had difficulty sticking it out very far and does drool much easier than previously. Neck supple without lymphadenopathy. Cardiovascular exam: regular rate and rhythm, S1/S2. No murmurs, rubs, or gallops. Lungs clear to auscultation bilaterally. Abdomen soft. Bowel sounds positive. Extremities: no edema. Neurologically cranial nerves II through XII do appear grossly intact but he is having a little bit more difficulty tracking my finger, testing extraocular movements. Strength: He is 5- out of 5 now on grip, biceps and triceps which is new, and he is 5 out on 5 on knee flexion, extension and dorsiflexion and plantar flexion of the ankle. Sensation is fairly normal to light touch. Finger to nose, he is slightly dysmetric. Rapid alternating movements: He does have some dysmetria bilaterally, as well. Gait is steady.

Data
The information documented under the Vitals, Allergies and Medications headings was collected by the Patient Care Staff.
Portions of the documentation were entered by Patient Care Staff. The history, exam and medical decision making were performed by Steven R Brooks MD.

Documentation listed above for Vitals, Allergies and Medications as documented by Patient Care Staff has been reviewed.

Assessment
1. Dysarthria
2. Bulbar weakness
3. Upper extremity weakness
4. Type 2 diabetes mellitus with stage 3 chronic kidney disease, with long-term current use of

insulin

Medications Plan

Discontinue:
Loratadine 10 mg Tablet

Take:
Acetaminophen (Tylenol®)
Sig: by mouth as needed 2am 3 hs
AmLODIPine 10 mg Tablet
Sig: 1 Tablet(s) (10 mg) by mouth once daily
Aspirin
Sig: by mouth 81 mg 1 daily
Beclomethasone Dipropionate (Qvar®) Inhalation 80 mcg/Actuation Aerosol
Sig: 2 Puff(s) twice daily
Blood Sugar Diagnostic (Accu-Chek Aviva Plus Test Strip®) Miscell. (Med.Supl.;Non-Drugs) Strip
Sig: 1 Strip(s) six times daily
Blood Sugar Diagnostic, Drum (Accu-Chek Compact Plus Test®) Miscell. (Med.Supl.;Non-Drugs) Strip
Sig: 1 Strip(s) four to six times daily
Blood-Glucose Meter (Accu-Chek Aviva Plus Meter®) Miscell. (Med.Supl.;Non-Drugs) Misc
Sig: As directed SIX TIMES DAILY
Chlorhexidine Gluconate Mucous Membrane 0.12 % Mouthwash
Sig: 15 Milliliter(s) by mouth up to twice daily Swish in mouth for 30 seconds and spit out
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Sig: by mouth 1000 mcg daily
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Simvastatin 20 mg Tablet
Sig: 1/2 Tablet(s) (10 mg) by mouth once daily
Spironolactone 25 mg Tablet
Sig: 1 Tablet(s) (25 mg) by mouth once daily

*** COPY ***

Tamsulosin 0.4 mg Capsule, Sust. Release 24HR
Sig: 1 Capsule(s) (0.4 mg) by mouth once daily

Take (Modified):
Insulin NPH Human Recombinant (Humulin N KwikPen®) Subcutaneous 100 unit/mL (3 mL) Insulin Pen
Sig: subcutaneously 18 units am, 20 units pm

Medication risks, benefits, alternatives, and potential side effects were reviewed with the patient who expressed an understanding of the treatment plan.

Plan

Make a referral to Dr. Sorensen, who is a neuromuscular specialist in the Wausau area. We will make arrangements to get an MRI of the brain and C-spine with monitored anesthesia, as he has a great deal of difficulty lying flat due to choking sensation. We will decrease his nighttime NPH from 25 to 20 to try to avoid further hypoglycemia. He is living with his son and for right now seems to be coping and seems to be safe. Son is here today. I told them if there is any worsening of symptoms, he is to call. Otherwise, I will see him in about 3 weeks.

BMI Plan
BMI= 30.3 kg/m^2: Counseled on physical activity; Counseled on nutrition

Steven R. Brooks, MD/smg
Internal Medicine

Dictated: 01/25/2017 at 16:20
Transcribed: 01/27/2017 at 12:58

Electronically signed by Brooks, Steven R MD on 01/27/2017 13:21.

MINISTRY
Saint Mary's Hospital, *YMCA Clinic*
Occupational Therapy, Physical Therapy, Speech Pathology, Sports Medicine
2003 Winnebago Street East, Rhinelander, Wisconsin 54501, ph 715.361.2300, fax 715.361.2301

Speech Language Pathology

Treatment Note

Patient Name: SMITH, THOMAS A
Medical Record: 00956883
Account #: MM00016901282-S
Provider: Saint Mary's YMCA Clinic
Provider #: 391390638
Treating Clinician: Annette K Vanburen, MS, CCC-SLP
Referring Physician: STEVEN BROOKS, MD NPI 1235178898
Primary Care Physician: STEVEN BROOKS MD NPI 1235178898

Date: 1/25/2017 09:22 AM
DOB: [redacted]1952
SOC Date: 11/10/2016

	Onset Date	Code	Description
Primary Diagnosis:	1/1/2016	R47.9	Unspecified speech disturbances

Subjective Comments: Patient attends today. Patient reports no MRI but did have CT. I am noting that he is drooling more. copious amounts.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

SLP Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
TX OF SPEECH LVL3	92507	59	45	1

Total Minutes: 45 **Total Timed Minutes: 0** **Total Untimed Minutes: 45**
Total Units: 1 **Total Timed Units: 0** **Total Untimed Units: 1**

Intervention Comments:

May benefit from more than 1x/week. Drooling more today Called Social services today and I am calling the doctor.

Speech / Voice / Fluency Activities Comments: I asked about his drooling, he didn't know about when this started but he was up at 4 am because of low sugar. He sees MD today. I would like to call him. working on basic speech also discussed that he may need some help with finances for speech generating device. His speech is not getting much better. Gurgly voice at times, poor oral hygiene, talked about eating and food, reports no coughing when he eats. goes out a lot. 7/ Object naming: more than one syllable he is unable to move tongue or close lips. 50% He is not getting k/g sounds, poor secretion management. Body parts: 7/12, no s/z, cued for this, Clothes: 5/10, cues for sh and s. Called Social services while patient was here and discussed situation and got address and phone number.

Specific Observations:

Alertness - Decreased since last treatment
Dependence on cues - Increased since last treatment
Error rate - Increased since last treatment

Specific Observations Comments: I am worried about this man. He is drooling more, looks like he has lost weight. His speech is not improving. I left a a message at Dr. Brooks office

Annette K Vanburen MS CCC-SLP — 1/25/2017 11:08:15 AM

Annette K Vanburen, MS, CCC-SLP — Date/Time

State License #: LIC: 1486-154 / NPI: 1639262272

PLA 014

St. Mary's Hospital
Name: SMITH,THOMAS A
DOB [redacted]952 Age: 64 Sex: M
10 SANNS ST
RHINELANDER WI 54501
715-362-9673 HOME

Location: RADCT -
Patient Status: REG REF
Ord Phys: BROOKS MD,STEVEN

Acct: M00016907289
Unit No: M114065

CT ANGIO NECK WO/WC
01/16/2017 044421

ORDER DATE: 1/16/2017 2:59 PM

CLINICAL HISTORY: Acute expressive aphasia.

TECHNIQUE: 1 mm axial images through the neck were performed after the IV administration of 65 mL of Omnipaque 350. Coronal and sagittal reconstructions and MIP reconstructions were done, also 3-D rendering was performed at a separate workstation.

FINDINGS:

The aortic arch is normal in size with no aneurysm. There is mild calcified atherosclerotic disease seen. There is no significant narrowing of the takeoff of the great vessels. The bilateral subclavian arteries are normal in size and enhancement.

The right common carotid artery is unremarkable, with no aneurysm or stenosis. There is mild atherosclerotic calcification at the carotid bulb without significant narrowing. The internal carotid is otherwise normal to the base of the skull. The right vertebral artery shows minimal atherosclerotic calcification with no significant narrowing and there is no aneurysm identified.

The left common carotid artery is normal. There is minimal calcification of the takeoff of the left internal carotid artery without significant narrowing. The left internal carotid artery is otherwise normal to the skull base. The left vertebral artery is normal with no aneurysm or stenosis seen.

Soft tissue windows show no significant adenopathy within the neck. The parotid and submandibular glands are normal.

In the upper chest the mediastinum is normal. There is atherosclerotic calcification of the LAD. The lung parenchyma and the lung apices show no nodule or infiltrate.

IMPRESSION:

St. Mary's Hospital
Name: SMITH,THOMAS A
DOB: 01/31/1952 Age: 64 Sex: M
10 SANNS ST
RHINELANDER WI 54501
715-362-9673 HOME

Location: RADCT -
Patient Status: REG REF
Ord Phys: BROOKS MD,STEVEN

Acct: M00016907289
Unit No: M114065

CT ANGIO NECK WO/WC
01/16/2017 044421

1. Very mild atherosclerotic calcification of both carotid bulbs, with no significant narrowing of the internal carotid arteries.
2. Normal appearance of the common carotid arteries and vertebral arteries.

Electronically Signed By: Steve Brown, MD
Signed Date/Time: 1/16/2017 3:42 PM
Dictated from workstation: NRIMRADID21
** REPORT SIGNED IN OTHER VENDOR SYSTEM 01/16/2017 **
Reported By: S. BROWN M.D.
CC: S. BROOKS

Technologist: HANOLD,JOSHUA
Transcribed Date/Time: 01/16/2017 (1538)
Transcriptionist: CLENZ
Printed Date/Time: 01/16/2017 (1543)

PLA 016

St. Mary's Hospital
Name: SMITH,THOMAS A
DOB: [redacted]/1952 Age: 64 Sex: M
10 SANNS ST
RHINELANDER WI 54501
715-362-9673 HOME

Location: RADCT -
Patient Status: REG REF
Ord Phys: BROOKS MD,STEVEN

Acct: M00016907289
Unit No: M114065

CT HEAD WO/C
01/16/2017 044421

ORDER DATE: 1/16/2017 2:59 PM

CLINICAL HISTORY: Acute expressive aphasia.

COMPARISON: None available

TECHNIQUE: CT was performed through the head without contrast.

FINDINGS:
Ventricles and sulci are enlarged, consistent with age-related volume loss. There are areas of low-attenuation in the white matter bilaterally, which are nonspecific, but likely due to chronic microvascular ischemic changes. There is no evidence of acute intracranial hemorrhage, mass effect, or extra-axial fluid collection.

The visualized paranasal sinuses and mastoid air cells are clear.

The calvarium is intact. The scalp is normal with no hematoma. There is a right frontal lipoma over the right frontal bone which is benign. The orbits and nasopharyngeal soft tissues are unremarkable.

IMPRESSION:
1. No evidence of acute intracranial hemorrhage or other acute intracranial pathology.
2. Age-related volume loss and white matter disease.

Electronically Signed By: Steve Brown, MD

Signed Date/Time: 1/16/2017 3:23 PM
Dictated from workstation: NRIMRADID21
** REPORT SIGNED IN OTHER VENDOR SYSTEM 01/16/2017 **
Reported By: S. BROWN M.D.
CC: S. BROOKS

Technologist: HANOLD,JOSHUA
Transcribed Date/Time: 01/16/2017 (1524)
Transcriptionist: PSCRIBE
Printed Date/Time: 01/16/2017 (1524)

PLA 017

MINISTRY
Saint Mary's Hospital, *YMCA Clinic*
Occupational Therapy, Physical Therapy, Speech Pathology, Sports Medicine
2003 Winnebago Street East, Rhinelander, Wisconsin 54501, ph 715.361.2300, fax 715.361.2301

Speech Language Pathology

Treatment Note

Patient Name: SMITH, THOMAS A
Medical Record: 00956883
Account #: MM00016901282-S
Provider: Saint Mary's YMCA Clinic
Provider #: 391390638
Treating Clinician: Annette K Vanburen, MS, CCC-SLP
Referring Physician: STEVEN BROOKS, MD NPI 1235178898
Primary Care Physician: STEVEN BROOKS MD NPI 1235178898

Date: 1/12/2017 09:10 AM
DOB: [redacted]1952
SOC Date: 11/10/2016

	Onset Date	Code	Description
Primary Diagnosis:	1/1/2016	R47.9	Unspecified speech disturbances

Subjective Comments: Patient attends today. He started to tell me something but he was not able to be clear. He may need to be thinking about a nonverbal system.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

SLP Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
TX OF SPEECH LVL3	92507	59	45	1

Total Minutes: 45 **Total Timed Minutes: 0** **Total Untimed Minutes: 45**

Total Units: 1 **Total Timed Units: 0** **Total Untimed Units: 1**

Intervention Comments:

May benefit from more than 1x/week. Drooling more today. May need social services

Speech / Voice / Fluency Activities Comments: He said his blood sugar was low. He drank a pop we worked on saying pop. it sounds like mom. I am concerned that he will need a non verbal system. Talked about social services getting involved. Body parts 18/20, understood most of them. endings like g and t are very cued for s and z as well. Cued for mouth movement. Clothing: 5/8, Food: 4/5, much harder as he names the foods and I have no reference to it. Colors:7/11 Add this to your list. also thinking about working with social services.

Annette K Vanburen, MS, CCC-SLP — 1/12/2017 9:59:42 AM

Annette K Vanburen, MS, CCC-SLP — Date/Time

State License #: LIC: 1486-154 / NPI: 1639262272

PLA 018

MINISTRY
Saint Mary's Hospital, *YMCA Clinic*
Occupational Therapy, Physical Therapy, Speech Pathology, Sports Medicine
2003 Winnebago Street East, Rhinelander, Wisconsin 54501, ph 715.361.2300, fax 715.361.2301

Speech Language Pathology

Treatment Note

Patient Name: SMITH, THOMAS A
Date: 1/5/2017 10:06 AM
Medical Record: 00956883
DOB: [redacted]1952
Account #: MM00016901282-S
SOC Date: 11/10/2016
Provider: Saint Mary's YMCA Clinic
Provider #: 391390638
Treating Clinician: Annette K Vanburen, MS, CCC-SLP
Referring Physician: STEVEN BROOKS, MD NPI 1235178898
Primary Care Physician: STEVEN BROOKS MD NPI 1235178898

	Onset Date	Code	Description
Primary Diagnosis:	1/1/2016	R47.9	Unspecified speech disturbances

Subjective Comments: Patient attends today. Asked how he was doing. He says good, says he had a cough. Not sure if he is having issues with eating. Patient not sure about when his MRI is.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? **No**

Are you being threatened or hurt by anyone? **No**

SLP Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
TX OF SPEECH LVL3	92507	59	45	1

Total Minutes: 45 **Total Timed Minutes: 0** **Total Untimed Minutes: 45**

Total Units: 1 **Total Timed Units: 0** **Total Untimed Units: 1**

Speech / Voice / Fluency Activities Comments: Basic naming of bio data and activities of daily living objects for increased intelligibility. I also asked about how eating was , he is not coughing or choking but he reports that he had a cough. Body part name production 8/10, objects, 5/10, clothing 4/10 foods 6/6. Cues for mouth movement still not moving his mouth, mirror is very helpful. Needs max cues to produce z, z, sh, k, in all positions of words. Very little carry over.

Annette K Vanburen MS CCC-SLP — 1/5/2017 11:45:01 AM

Annette K Vanburen, MS, CCC-SLP — Date/Time

State License #: LIC: 1486-154 / NPI: 1639262272

Ministry Medical Group
Rhinelander, WI

MHN: 956883
Patient: Thomas A Smith
Gender: Male Birthdate: [redacted]952
Clinic Office Note
Service: 01/03/2017
Steven R Brooks MD

Printed: 01/10/18
At: 11:03

*** COPY ***

Thomas Smith, 64-year-old male
Location: Mhc-Mmg-Rhinelander

Vitals

PULSE: 76 bpm
BLOOD PRESSURE: 142/60 mmHg [sitting] [upper arm] [large arm cuff] [by MA] [right]
HEIGHT: 155.57 cm (61.25 in)
WEIGHT: 76.57 kg (168.8 lbs)
BODY MASS INDEX: 31.6 kg/m^2
DEPRESSION SCREENING PHQ: 0
TOBACCO USE: Never, No secondhand smoke exposure

- Reason for Visit: Diabetes

Any healthcare visits or medication changes since the last visit. YES
Have you had any self-referrals to a specialist? No
Learning barriers? LANGUAGE
Do you feel your home is safe? yes
Advanced Directive: It was verified that no Advance Directives are present in the electronic medical record.

Alcohol use: Never

Are you currently experiencing any pain? no

Allergies and Alerts

Drug Allergies/Adverse Reactions:
- Hydrochlorothiazide: possible pancreatitis
- Liraglutide Subcutaneous (Victoza 2-Pak®): Nausea

No Known Non-Drug Allergies/Adverse Reactions (NKNDA)

Medications

Verified As Active In Medications Manager:
Acetaminophen (Tylenol®), by mouth as needed 2am 3 hs
AmLODIPine 10 mg Tablet, 1 Tablet(s) by mouth once daily
Aspirin, by mouth 81 mg 1 daily
Beclomethasone Dipropionate (Qvar®) Inhalation 80 mcg/Actuation Aerosol, 2 Puff(s) twice daily
Blood Sugar Diagnostic (Accu-Chek Aviva Plus Test Strip®) Miscell. (Med.Supl.;Non-Drugs) Strip, 1

Strip(s) six times daily
Blood Sugar Diagnostic, Drum (Accu-Chek Compact Plus Test®) Miscell. (Med.Supl.;Non-Drugs) Strip, 1 Strip(s) four to six times daily
Blood-Glucose Meter (Accu-Chek Aviva Plus Meter®) Miscell. (Med.Supl.;Non-Drugs) Misc, As directed SIX TIMES DAILY
Chlorhexidine Gluconate Mucous Membrane 0.12 % Mouthwash, 15 Milliliter(s) by mouth up to twice daily Swish in mouth for 30 seconds and spit out
Finasteride 5 mg Tablet, 1 Tablet(s) by mouth once daily
Insulin Aspart (NovoLOG®) Subcutaneous 100 unit/mL Solution, As directed subcutaneously three times daily 4 units with breakfast ,0-2 units with lunch and 11 units with supper
Insulin NPH Human Recombinant (NovoLIN N®) Subcutaneous 100 unit/mL Suspension, As directed subcutaneously 18 units am; 30 units pm
Insulin Syringe-Needle U-100 Miscell. (Med.Supl.;Non-Drugs) Syringe, 1 Syringe(s) subcutaneously four to six times daily
Irbesartan 150 mg Tablet, 1 Tablet(s) by mouth once daily
Lancets (Soft Touch Lancets®) Miscell. (Med.Supl.;Non-Drugs) Misc, 1 Lancet(s) six times daily
Loratadine 10 mg Tablet, 1 Tablet(s) by mouth once daily as needed
Omega-3 Fatty Acids (OTC) (Natural Fish Oil®), by mouth 1000 mcg daily
Omeprazole 20 mg Capsule, Delayed Release(E.C.), 1 Capsule(s) by mouth once daily
Simvastatin 20 mg Tablet, 1/2 Tablet(s) by mouth once daily
Spironolactone 25 mg Tablet, 1 Tablet(s) by mouth once daily
Tamsulosin 0.4 mg Capsule, Sust. Release 24HR, 1 Capsule(s) by mouth once daily

Source: Parent/Patient

Reason for Visit
Here for follow up on aphasia, type 2 diabetes and hypertension.

History of Present Illness
The patient is a 64-year-old male here for followup. Unable to get MRI because he was unable to tolerate lying flat. He feels like he gets a little choking feeling, like difficulty handling his secretions. Has been seeing speech therapy but has not made much progress there. He is able to write down basic thoughts and he is able to follow commands relatively well. States he is doing his own shopping for himself. Is doing some cooking and cleaning for himself at home. Difficulty using insulin syringes but feels like he can do the insulin pens. His son has been living at home with him and helping him out. States he is still able to swallow. He is still able to eat. Denies coughing or overt shortness of breath.

Past Medical History
1. Hypertension.
2. Asthma.
3. Gastroesophageal reflux disease.
4. Degenerative joint disease.
5. Diabetes mellitus, type 2, diagnosed in 1980s.
6. Microalbuminuria.
7. Allergic rhinitis.

8. Status post appendectomy.
9. Status post trigger finger.
10. Status post bilateral carpal tunnel surgery.
11. Status post sinus surgery in the 1990s.
12. BPH
13. Elevated PSA

Social History
Negative for tobacco use, negative for alcohol use. Retired from Foster and Smith.

Review of Systems
Listed in HPI, otherwise within normal limits.

Examination
Vital signs reviewed and are as noted above
OBJECTIVE: General: alert and oriented x 3 in no apparent distress. HEENT: eyes clear. Oropharynx clear. Neck supple without lymphadenopathy. Cardiovascular exam: irregular rate and rhythm, S1/S2. No murmurs, rubs, or gallops. Lungs clear to auscultation bilaterally. Abdomen soft. Bowel sounds positive. Extremities: no edema. Neurological: Cranial nerves are intact with the exception of speech. Tongue is midline and seems to be able to move it. Strength is 5/5 and symmetric. Grip biceps, triceps and knee flexion and extension, dorsiflexion and plantar flexion and sensation fairly normal to light touch. Gait is fairly steady. Hand writing is fairly intelligible.

Data
- 1/03/17 11:44 HbA1c -
  HbA1c 6.9 % (4.2-6.1)
  eAG 151 mg/dL
  DX1: E11.9
  HbA1c:Method: HPLC (SMH) Traceable to DCCT and NGSP Certified ADDITIONAL INFORMATION: ADA (American Diabetes Association) Glycemic Target: <7.0% ADA Diagnostic Criteria for Diabetes: >=6.5% (in absence of unequivocal hyperglycemia, this criterion should be confirmed by repeat testing) ADA Diagnostic Criteria for Increased Risk for Diabetes: 5.7% - 6.4%
  eAG:Estimated Average Glucose (eAG) calculated with equation derived from ADAG study: eAG mg/dL = (28.7 x HbA1c) - 46.7

The information documented under the Vitals, Allergies and Medications headings was collected by the Patient Care Staff.
Portions of the documentation were entered by Patient Care Staff. The history, exam and medical decision making were performed by Steven R Brooks MD.

Documentation listed above for Vitals, Allergies and Medications as documented by Patient Care Staff has been reviewed.

*** COPY ***

Assessment

1. Aphasia
2. Type 2 diabetes mellitus with stage 3 chronic kidney disease, with long-term current use of insulin
3. Hypertension

Medications Plan

Discontinue:
Insulin NPH Human Recombinant (NovoLIN N®) Subcutaneous 100 unit/mL Suspension

New/Represcribed:
Insulin Needles (BD Insulin Pen Needle UF Mini®) Miscell. (Med.Supl.;Non-Drugs) 31 gauge x 3/16"
Needle Disp: 150 Needle(s) Refills: 11
Sig: 1 Needle(s) five times daily
Insulin NPH Human Recombinant (Humulin N KwikPen®) Subcutaneous 100 unit/mL (3 mL) Insulin Pen Disp: 30 Milliliter(s) Refills: 11
Sig: subcutaneously 18 units am, 25 units pm

Renew (Modified):
Insulin Aspart (NovoLOG Flexpen®) Subcutaneous 100 unit/mL Insulin Pen Disp: 15 Milliliter(s) Refills: 11
Sig: subcutaneously 4units breakfast, 0-2 units lunch, 11 units dinner, +SS max daily dose = 30units

Take:
Acetaminophen (Tylenol®)
Sig: by mouth as needed 2am 3 hs
AmLODIPine 10 mg Tablet
Sig: 1 Tablet(s) (10 mg) by mouth once daily
Aspirin
Sig: by mouth 81 mg 1 daily
Beclomethasone Dipropionate (Qvar®) Inhalation 80 mcg/Actuation Aerosol
Sig: 2 Puff(s) twice daily
Blood Sugar Diagnostic (Accu-Chek Aviva Plus Test Strip®) Miscell. (Med.Supl.;Non-Drugs) Strip
Sig: 1 Strip(s) six times daily
Blood Sugar Diagnostic, Drum (Accu-Chek Compact Plus Test®) Miscell. (Med.Supl.;Non-Drugs) Strip
Sig: 1 Strip(s) four to six times daily
Blood-Glucose Meter (Accu-Chek Aviva Plus Meter®) Miscell. (Med.Supl.;Non-Drugs) Misc
Sig: As directed SIX TIMES DAILY
Chlorhexidine Gluconate Mucous Membrane 0.12 % Mouthwash
Sig: 15 Milliliter(s) by mouth up to twice daily Swish in mouth for 30 seconds and spit out
Finasteride 5 mg Tablet
Sig: 1 Tablet(s) (5 mg) by mouth once daily
Insulin Syringe-Needle U-100 Miscell. (Med.Supl.;Non-Drugs) Syringe
Sig: 1 Syringe(s) subcutaneously four to six times daily

Irbesartan 150 mg Tablet
Sig: 1 Tablet(s) (150 mg) by mouth once daily
Lancets (Soft Touch Lancets®) Miscell. (Med.Supl.;Non-Drugs) Misc
Sig: 1 Lancet(s) six times daily
Loratadine 10 mg Tablet
Sig: 1 Tablet(s) (10 mg) by mouth once daily as needed
Omega-3 Fatty Acids (OTC) (Natural Fish Oil®)
Sig: by mouth 1000 mcg daily
Omeprazole 20 mg Capsule, Delayed Release(E.C.)
Sig: 1 Capsule(s) (20 mg) by mouth once daily
Simvastatin 20 mg Tablet
Sig: 1/2 Tablet(s) (10 mg) by mouth once daily
Spironolactone 25 mg Tablet
Sig: 1 Tablet(s) (25 mg) by mouth once daily
Tamsulosin 0.4 mg Capsule, Sust. Release 24HR
Sig: 1 Capsule(s) (0.4 mg) by mouth once daily

Medication risks, benefits, alternatives, and potential side effects were reviewed with the patient who expressed an understanding of the treatment plan.

Plan

Check chem 7 today. We will order a CT scan without contrast of the brain and CTA of the carotid arteries to take a look as presumably this is stroke related. He had some irregular heart tones today so we did an EKG and that just showed atrial premature contractions but there was no atrial fibrillation. He has help at home. Continue with this speech therapy. We will lower his insulin doses because he was having some low blood sugars in the middle of the night and we will order insulin pens for him. I will see him back in 3-4 weeks.

BMI Plan
BMI= 31.6 kg/m^2: Counseled on physical activity; Counseled on nutrition

Diabetes Care Plan
BP Systolic Goal: < 140 mmHg (142 mmHg on 01/03/2017)
BP Diastolic Goal: < 90 mmHg (60 mmHg on 01/03/2017)
Hgb A1c Goal: < 8 % (6.9 % on 01/03/2017)
LDL Goal: < 100 mg/dL (58 mg/dl on 05/20/2016)
Patient Selected Goal: Check blood sugar at home; Improve diet to better control my diabetes; Take medications as directed.
Self-Management Tool Provided: Home blood sugar diary previously provided.
Care Plan: Improve HgbA1c value.

Education

Information given to: Patient

Educational materials given: Logicare and Other

*** COPY ***

Education Material Provided: Diabetes type 2 - meal planning, MedlinePlus, 2016-12-30;. Diabetes Foot and Skin - (Adult), Logicare, 2016-12-30;.BMI

Steven R. Brooks, MD/cfh
Internal Medicine

Dictated: 01/03/2017 at 13:54
Transcribed: 01/04/2017 at 07:05

Electronically signed by Brooks, Steven R MD on 01/04/2017 07:46.